



PATENT  
455610-2510

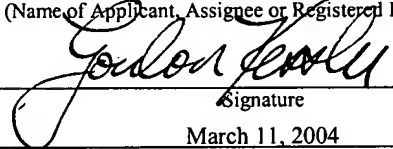
AF/2863

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant(s) : Lawrence Steven SALANT et al.  
Serial No. : 10/015,125  
Filed : December 11, 2001  
For : CONTEXT SENSITIVE TOOLBAR  
Examiner : Tung S. LAU  
Art Unit : 2863

745 Fifth Avenue  
New York, NY 10151

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on March 11, 2004.

Gordon Kessler, Reg. No. 38,511  
(Name of Applicant, Assignee or Registered Representative)  
  
Signature  
March 11, 2004  
Date of Signature

**AMENDMENT AFTER FINAL REJECTION UNDER 37 C.F.R. § 1.116**

Mail Stop AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

In response to the outstanding Final Office Action of December 15, 2003, please  
amend this application as follows:



PATENT  
455610-2510

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant (s): Lawrence Steven SALANT et al.  
Serial No. : 10/015,125  
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Mail Stop AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

☒ No additional fee is required.

☐ The fee has been calculated as shown below.

This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional fee
Total claims	29	Minus	29 =	0 ×	\$18(9)	= \$0.00
Independent claims	5	Minus	5 =	0 ×	\$84(42)	= \$0.00
			Total additional fee for this amendment			\$0.00

- \* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.  
\*\* If the highest number of total claims previously paid for is less than 20, write "20" in this space.  
\*\*\* If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

☐ This application contains a multiple dependent claim. The required fee of \$280 (\$140) has been previously paid \_\_, or is paid herewith \_\_.

☐ This response is being filed within the \_\_ first month, \_\_ second month, \_\_ third month, \_\_ fourth month following the expiration of the term originally set therefor, and the fee of \_\_ \$110 (\$55), \_\_ \$420(\$210), \_\_ \$930(\$465), \_\_ \$1,450(\$725) for the requisite extension \_\_ paid herewith.

☐ Check in the amount of \$\_\_\_\_\_ is attached.

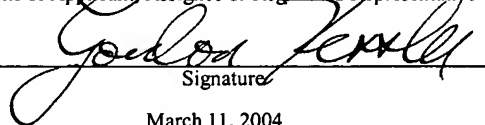
☐ Charge \$\_\_ to Deposit Account No. 50-0320.

☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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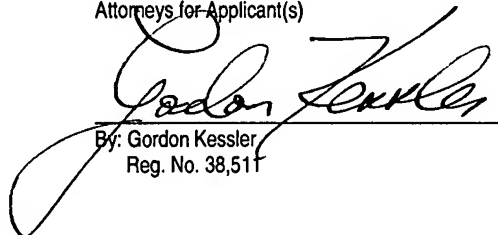
Gordon Kessler, Reg. No. 38,511

Name of Applicant, Assignee or Registered Representative

  
Signature

March 11, 2004  
Date of Signature

FROMMER LAWRENCE & HAUG LLP  
Attorneys for Applicant(s)

  
By: Gordon Kessler  
Reg. No. 38,511